

PART 3 – SITE APPLICATION
CHILD AND ADULT CARE FOOD PROGRAM
 2008-2009

- 1) Local Agency _____ Local Agency Number _____
- 2) Name of Site _____ Phone Number _____
- 3) Physical Address of Site (if no street address is available, provide specific directions to arrive at the site from a major road or intersection)

- 4) Site is (check one): ☐ Nonprofit (501(c)3) ☐ Title XIX For Profit
 ☐ Title XX For Profit ☐ F/RP For Profit

- 5) Name and title of site supervisor at this site _____ Check if New Person

_____/_____

Name and title of the person responsible for food service at this site:

_____/_____

- 6) Method(s) by which meals will be provided:

- A. _____ Preparation at meal service location (on-site)
 B. _____ Preparation at central kitchen (satellite)
 C. _____ Contract with local school system
 ☐ meals delivered to this site ☐ participants eat at the school site
 D. _____ Contract with a food service management company, restaurant, or school
 ☐ meals delivered to this site ☐ participants eat at the school site

(If C or D, attach a copy of the contract.)

- 7) Indicate the beginning time and ending time for each meal served. Also, provide the average number of participants served for each meal in the ADP column.

Meal Type	ADP	Meal Times	
		From:	To:
Breakfast			
AM Snack			
Lunch			
PM Snack			
Supper			
Eve Snack			
Snack After School*			

* Refer to instructions before completing the Snack After School row.

- 8) Does the center participate in any other federally funded program?

_____ Yes (specify program) _____
 _____ No

Local Agency Name: _____ Local Agency Number: _____

9) Is the center licensed or approved by Federal, State, or local authority? ☐ yes ☐ no

10) Operating Data:

A. Circle the days of the week the site operates: M Tu W Th F Sa Su

B. Hours of operation: from _____ to _____

C. Ages of participants licensed to care for: _____
Ages of participants meals will be claimed for: _____

D. Estimated number of enrolled participants in:
_____ Free Category
_____ Reduced Category
_____ Paid Category (not eligible for Free or Reduced)
_____ = Total Enrollment (Free + Reduced + Paid)

E. Meals are Served: ☐ Unitized ☐ Family Style

F. Brand(s) of infant formula offered by center: _____
☐ Center does not provide infant care

G. Does the site care for participants in shifts? ☐ yes ☐ no
If yes, indicate what the shifts are _____

H. List any full weeks the CACFP will not be in operation:

from ____/____/____ to ____/____/____
from ____/____/____ to ____/____/____
from ____/____/____ to ____/____/____

11) Food Service Staff Pattern: (enter only the positions that perform Child and Adult Care Food Program food service functions at this site.)

A. Title of Position	B. Specific CACFP Food Service Duties	C. Number of Personnel in this Position

12) Provide the name of the local public school: _____

Are at least 50% of children enrolled at the above school eligible for free and/or reduced price meals? ☐ yes ☐ no

If the answer to this question is yes, and the site offers a snack after school to school-age children, continue with questions 13-23 on next page. If the answer is no or if the site does not provide snacks to school-age children at the end of the school day, the local agency is not eligible for Snack After School in which all children are claimed free regardless of individual eligibility. If the site does not offer an after-school program to school-age children do not proceed.

State agency verification (07-08) _____% SA Initials	State agency verification (08-09) _____% SA Initials	State agency verification (09-10) _____% SA Initials
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Snack After School - Refer to the instructions. This section only needs to be completed if the center provides snacks to children who come specifically to an after-school program.

- 13) Does the local agency own/operate the site in which the program is operated? ☐ yes ☐ no
- 14) Will all eligible children be served snack at no charge? ☐ yes ☐ no
- 15) Will only the snacks served to children involved in the after-school care program be claimed for reimbursement under this Snack After School option? ☐ yes ☐ no
- 16) Is the primary purpose of this program to provide care in after-school settings? ☐ yes ☐ no
- 17) Describe regularly scheduled education or enrichment activities that will be offered as a part of the after-school program:
- 18) Are these activities structured and supervised? ☐ yes ☐ no
- 19) Is the program open to all, limited only by space, and/or security considerations, and/or licensing requirements? ☐ yes ☐ no
- 20) Describe the method of sign-in for children attending the program (e.g. sign in/sign out or roster):
- 21) Will the program be offered on non-school days (e.g. holidays and in-service days)? ☐ yes ☐ no
- 22) Describe the method and personnel responsible for recording meal counts.
- 23) Provide a specific monitoring schedule for this food service operation. Since meals may only be claimed under this program during the regular school year only, each site must be monitored by the local agency not less than two times per school year.